

State of Illinois
State Employees Suggestion Award Board

EMPLOYEE SUGGESTION

Suggestion Number	Subject or Suggestion (10 words or less)												
1. Current practice or procedural problem:													
<i>(Continue on additional sheets as needed)</i>													
2. Your suggestion for solution or improvement:													
<i>(Continue on additional sheets as needed)</i>													
3. Benefits and/or savings if your suggestion is implemented: (be specific)													
<i>(Continue on additional sheets as needed)</i>													
<p style="text-align: center;">Submit suggestion to:</p> <p>State Employees Suggestion Award Board 501 Stratton Office Building Springfield, IL 62706</p>	<p style="text-align: center;">Processing (Board use only)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> To Evaluator</td><td>Date: _____</td></tr><tr><td><input type="checkbox"/> To Board</td><td>Date: _____</td></tr><tr><td><input type="checkbox"/> To Agency</td><td>Date: _____</td></tr><tr><td><input type="checkbox"/> Notice to Employee</td><td>Date: _____</td></tr><tr><td><input type="checkbox"/> Award Made</td><td>Date: _____</td></tr><tr><td><input type="checkbox"/> Auditing</td><td>Date: _____</td></tr></table>	<input type="checkbox"/> To Evaluator	Date: _____	<input type="checkbox"/> To Board	Date: _____	<input type="checkbox"/> To Agency	Date: _____	<input type="checkbox"/> Notice to Employee	Date: _____	<input type="checkbox"/> Award Made	Date: _____	<input type="checkbox"/> Auditing	Date: _____
<input type="checkbox"/> To Evaluator	Date: _____												
<input type="checkbox"/> To Board	Date: _____												
<input type="checkbox"/> To Agency	Date: _____												
<input type="checkbox"/> Notice to Employee	Date: _____												
<input type="checkbox"/> Award Made	Date: _____												
<input type="checkbox"/> Auditing	Date: _____												

Suggestion Number	Subject or Suggestion (10 words or less)		
Employee Name	Social Security Number	Agency, Department, Office	
Home Address	Position Title	Work Address	
City, State, ZIP	Working Title	City, State, ZIP	
WAIVER AND SIGNATURE			
<p>The use of my suggestion by the State of Illinois or any of its agents shall not form the basis of any further claim against the State of Illinois by me, my heirs, or assigns. I further attest that this suggestion is mine alone and that it does not constitute a solution to a procedure or problem for which I was paid to solve as part of my employment.</p>			
Signature (written)		Date	